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Tri Valley District Consultation End of year Report For the Academic Year 2011-2012 Regarding Services Provided by The Hume Center School Based Program

This report is a comprehensive report written by Lourdes Valdez, Psy.D, School Based Program Coordinator in collaboration with the following members of the Hume Center's School Based Program Team for the academic year 2011-2012: Joty Sikand, Psy.D, Director of Prevention Services; Meji Singh, Ph.D, Chief Psychologist; Natasha Molony, PhD Staff Psychologist and Consultant; Aric Jensen, PhD Staff Psychologist and Consultant; Clara Matta, BA Administrative Assistant; Kimberly Barth, Psy.D, Post Doctoral Fellow; Adina Gociu, Psy.D, Pre-Doctoral Intern; Courtney Meier, Psy.D Pre-Doctoral Intern;; Brian Newton, Psy.D, Pre-Doctoral Intern; Vanessa Quinteros, Psy.D, Pre-Doctoral Intern; and Sara Sorci, Psy.D, Pre-Doctoral Intern. All information contained in this report is based on services rendered to the outlined school districts and their respective schools.

I. School District Information

Name of District	Number of Schools	Number of Students @ each grade level	Cultural and Ethnic populations of students (with percentages)
Dublin	Pre-K = 15	Data unavailable	American Indian: 0.4% Asian/Pacific Is.: 27.5% Hispanic: 14.3% Black: 6.7% White: 39.8%
	K-8 = 1	708	
	Elementary = 6	3,960	
	Middle = 2	668	
	High School = 1	1,540	
	Alternative = 1	130	
	Total: 25	Total: 7,006	
Livermore	Pre-K = 9	Data unavailable	American Indian: 0.4% Asian/Pacific Is.: 5.6% Hispanic: 26.4% Black: 2.5% White: 56.0%
	K-7 = 1	447	
	1-12 = 1	163	
	Elementary = 10	6,122	
	Middle School = 3	2,126	
	High School = 2	4,207	
	Alternative = 2	140	
Total: 29	Total: 13,205		
Pleasanton	Pre-K = 1	Data unavailable	American Indian: .63% Asian/Pacific Is.: 34.40% Hispanic: 9.27% Black: 2.42% White: 53.28%
	Elementary = 9	6422	
	Middle School = 3	3528	
	High School = 2	4789	
	Alternative High = 1	131	
	Alt. Programs = 5	131	

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	Total: 21	Total: 15001	
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Current school district initiatives related to student wellness

School District	School district initiatives related to student wellness
Dublin	<ul style="list-style-type: none"> • Implement the District’s Wellness Plan: includes implementation of High School Health Course and Middle School Education Standards, Examining gaps for implementation of physical education, develop plan for improving understanding of state and federal nutrition guidelines. • Implement a character education program in conjunction with the Dublin Integrity and Equity Committee: includes implementation of “Positive Action” curriculum, “Project Wisdom” principles • Maintain safe and secure learning environment: includes developing and writing a Student Assistance Program Model for DUSD • Develop and Implement a Professional Development Plan for Emergency Procedures and Health and Safety: includes getting staff trained on CERT, Pro-Act, CPR, First Aid, Emergency Drills • Implement preventative maintenance plan for the district • Continue to work on development of the district energy conservation program
Livermore	<ul style="list-style-type: none"> • Instructional Rounds: an initiative to improve instruction where teachers observe other teachers to identify problems of practice and discuss ways to increase student success. • Character education in the elementary and middle school curriculums. Teaches children that their character counts, to enforce the six pillars of character, advocate for character, and model good behavior and also is tied into decreasing bullying • Looking at how to decrease dropout rates by utilizing early targeted intervention which provides academic supports at school sites • Looking at increasing attendance by utilizing attention to attendance by SIA who helps provide the district with letters, data and information that effectively tracks attendance
Pleasanton	<ul style="list-style-type: none"> • ERMHS transition: Hiring of Clinicians and Clinical director for SELPA who will be taking over Mental Health Services for Special Education will be located in Pleasanton Unified. • Implementation of Challenge Day for all middle and high schools. • Revamping of Strategic Plan: focusing on Personal growth and mental wellness for students. • Embedding character education and having counselors visit classrooms to discuss character education:(mental wellness, academic integrity, and other mental health needs) through all grade levels.

f. Key school district improvement priorities:

All three school districts in the Tri-Valley have academic improvements as their priority initiatives. Most are looking at how to better strengthen their curriculum and how to ensure equity in learning and looking at reducing disparities in learning to all ethnic minorities. They incorporate strategies such as Instructional Rounds, Professional Learning Communities, and

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other strategic plans to look at delivery of curriculum. All school districts like have several schools under Program Improvement which requires that they pull their API scores to meet state standards. Livermore initiatives focus on the whole child as being part of student success by looking at their academic and social emotional development as components to student success.

II. Program Information

Name of the Program	The Hume Center School Based Program
Program Goals and Objectives	<p>The Hume Center’s School Based Program is intended to create an optimum learning environment by engaging with different levels of the school system and the participants within the system. We recognize that each school district is its unique entity and meeting them where they are is the initial steps crucial to a positive, collaborative, and working relationship. Each organization is impacted by different factors and the people in the organization respond differently to the system depending on the pressures (organizationally and personally) that exist. Our program aims at working with all levels of the system from district administration to primary and secondary caregivers (i.e. parents, teachers, principals, etc...) of any student to the students and to their communities. We believe that by working with the different systems and people in the system we can impact change through those who help interact with the student directly and indirectly while also building the student’s ability to connect to their community. Our program utilizes Mental Health Consultation as a means for delivering services. By utilizing Mental Health Consultation we afford opportunities to the stakeholders and persons in the system to utilize their strengths in their roles to make change by exploring the differing aspects of their jobs or roles that interfere with social and emotional growth. This looks different at all levels and works within the individual’s capacity, environment, and their roles. The overall goal for the program is to provide prevention of the appearance of symptoms in a system or to prevent further exacerbation of symptoms in the system and helping others to identify early case findings for opportunities for prevention of mental health ailments. We recognize that as a provider of mental health services we are only a small part of a system that ensures the emotional and social well being of children and that by partnering with school officials and parents and community we can all bridge the healthy development of a child.</p>

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Program Staff Involved in the work			Post Doctoral Fellow and Pre-Doctoral Interns Involved in the work	District	FTE	
FTE		O			E	
	Original	Expansion				
Joty Sikand, Psy.D, Director of Prevention Services	.11	.12	Kimberly Barth, Psy.D, Post Doctoral Fellow 1 FTE	Dublin	.81	.05
Meji Singh, Ph.D, Chief Psychologist	.03	.03	Courtney Meier, Psy.D, Pre-Doctoral Intern .5 FTE	Dublin	.31	.19
Lourdes Valdez, Psy.D Program Coordinator	.40	.60	Adina Gociu, Psy.D, Pre-Doctoral Intern .5 FTE	Livermore	.43	.07
Natasha Molony, PhD Staff Psychologist and Consultant	.38	.38	Vanessa Quinteros, Psy.D, Pre-Doctoral Intern .5 FTE	Livermore	.5	
Aric Jensen, PhD Staff Psychologist and Consultant	.02	.21	Brian Newton, Psy.D, Pre-Doctoral Intern .5 FTE	Pleasanton	.5	
Chris Celio, Psy.D, Staff psychologist and Supervisor	.09		Sara Sorci, Psy.D, Pre-Doctoral Intern .5 FTE	Pleasanton	.5	
Victoria Meraz, Psy.D, Staff Psychologist and Consultant	.04					
Clara Matta, BA Administrative Assistant	.17	.17				
			Original Contract	Expansion Contract		
Number of Interns			7	2		
Total Intern Service Hours Per Week			104	11		
Startup Date			7/1/2011	11/16/2011		
Fully Staffed Date			8/1/2011	11/16/2011		
Program Cost						
Salaries & Wages			\$116,151	\$114,082		
Employee Benefits			\$15,599	\$15,321		
Operating Expenses			\$28,696	\$27,779		
Admin			\$24,067	\$23,577		
Total Costs			\$184,513	\$180,759		
Contracted Amount			\$165,147	\$180,000		
Cost Overrun			(\$19,366)	(\$759)		

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III. Rationalization of Need

- A. Describe any recent assessment(s) of school-based behavioral health needs in your district (formal and informal) and the findings of that assessment.

Based upon the past year of providing services in the Tri-Valley Unified School Districts, the following is a summary of continued needs (informally and formally assessed) and recent school based behavioral health needs:

Throughout all districts in the recent year there have been notable challenges with the transition of AB3632 to the Educationally Related Mental Health Services (ERMHS) that school districts are now responsible for. This transition led to many students not being adequately placed as the districts were figuring out how they could handle the students out of state and within district. Particularly at the Alternative High School sites many students with higher needs were being placed at Alternative Education which was not a fit for the student nor the school and its students. Challenges were being seen in the classrooms as evidenced by the disruption the students brought to the class, among student relations as evidenced by more peer conflicts, and with staff as evidenced by higher rates of sending students out of class and making referrals. With a lack of resources in the Tri-Valley to serve their community, providers were being overflowed with an influx of students who required more intensive needs than could be provided on site or in existing outpatient programs. Providers, particularly the Hume Center given that we have been charged with a prevention approach to deliver services, were confronted with the challenge of navigating this area in a manner that would not isolate referring parties and would maintain the consultation relationship. The work became focused on helping staff and administrators navigate their own processes and procedures to assist them in advocating for their sites and for the students' more intensive needs.

Additionally, while prevention approach is embraced conceptually at the secondary level of education, practical implementation seems to be a challenge due to a much intense demand of academic performance. Due to staff feeling pressure from the district, state, and federal demands in education, it leaves little opportunities to be able to work with the staff from a preventative stance. The idea that students need to be referred for "counseling" to be "fixed" so they perform better in the classroom is exacerbated by the demands staff face in making sure that students are academically equipped. Furthermore, at the secondary level, there are multiple teachers involved in teaching a student, thus the responsibility of one teacher overseeing one student is not a given structure. Therefore a team approach per student needs to be implemented at structuring formal time for the team to come together regularly has been a challenge due to budget cuts that have been a barrier.

Beginning in earlier settings such as elementary schools where curriculum is less demanding, and even more so there is a clear responsibility structure of one teacher being responsible for assigned students in their classroom. Accordingly, there are more opportunities to partner with teaching staff in their classrooms which would be more preventative. As you work upward in

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grade level the pressure for academic performance begins to “trump” the need to look at the social and emotional development of students. In addition, it is even more essential to work with the Superintendents and possibly the School Board representatives to look at the organizational structure to establish structures and processes that are conducive to an enabling work environment so that faculty are able to effectively perform their work duties which ultimately is to serve student needs.

Finally, parental involvement at the secondary level is another area of assessed need. Parents are key component to a student’s success academically, behaviorally, socially, and emotionally. Yet parents are less accessible as upward movement is made in the grade levels. There are many hypotheses for this level of disengagement which range from global to more domestic reasons however a shift in how schools interact with parents may be the key to bridging this disconnect. Most often parents receive telephone calls and messages regarding two main areas: their child is displaying disciplinary issues or the schools are looking for volunteers/donations etc... If school systems could shift their view to calling parents to let them know about the positive changes their students are making the parents would be more likely to engage. For example, elementary schools have parent teacher conferences where student’s parents are able to meet individually with their child’s teacher to learn how their child is doing and potentially assist the teacher through their interactions at home. This face to face setup is lost once students join the middle school level. At the middle school level, the numbers of students behavioral and truancy statistics begin to increase. However due to Teacher Union and District contracting and other organizational issues, teaching staff already feel limited with time and the efforts to reach out to parents is minimal.

Overall to create a system of change it is up to all the members of the school district in partnership with internal and external providers to do their part and make time to work with each other in order to make change happen. This can be accomplished as upper level management begins to work with each other to communicate to school administrators in a manner that models how to work together.

<p>Program's desired outcomes</p>	<ul style="list-style-type: none"> • Create support structures in organizations to maintain satisfied stakeholders and consumers. • Build teacher capacity to manage with student’s behaviors in an empathic and task focused manner. • Reduce stigma associated with mental health illness by educating, being non-judgmental, and accessible to all who desire assistance and services. • Build stronger and collaborative relationships between administration, staff, parents, students, and community. • Reduce the occurrence of problematic behaviors through early case findings. • Link members of the organization to resources in their communities so they do not become dependent but independent of service providers.
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IV. Program Description

Brief Summary of all services:

For the Original Contract: Services are being provided at 4 continuation schools in the Tri-Valley Area

District	Location	Services Provided
Dublin	Valley Alternative High School	<ul style="list-style-type: none"> • Administrative Consultation • Individual staff consultation • Individual Parent Consultation • Individual Student Consultation • Group Services to High school Students • Early Intervention to individual Students • Linkage to community resources • Provider meetings • Assessment and Screening • Service Coordination • Crisis Response • Summer Services to students • Training and Workshops • Fair/ Community Events • Outreach • Linkage to community resources
Livermore	Del Valle Alternative High School Phoenix Alternative High School	<ul style="list-style-type: none"> • Administrative Consultation • Group and Individual staff consultation • Individual Parent Consultation • Individual Student Consultation • Bilingual Parent Peer Consultation • Group Services to Students • Early Intervention to individual Students • Linkage to community resources • Provider meetings • Crisis Response • Assessment and Screening • Service Coordination • Behavioral Supports/Intervention • Fair/ Community Events • Outreach • Linkage to Community Resources

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Pleasanton	Village Alternative High School	<ul style="list-style-type: none"> • Administrative Consultation • Individual staff consultation • Individual Parent Consultation • Individual Student Consultation • Group Services to Students • Early Intervention to individual Students • Provider meetings • Crisis Response • Assessment and Screening • Service Coordination • Behavioral Supports/Interventions • Fair/ Community Events • Outreach • Linkage to community resources
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For the Expansion Contract: Services are being provided in the Tri-Valley area in different capacities/sites

District	Location	Service Provided
Dublin	Fallon Middle School	Prevention groups for Middle School Students
		Individual Consultation to teacher and staff
	Wells Middle School	Prevention groups for Middle School Students
		Individual Consultation to teacher and staff
	Hume Center Pleasanton office	All Academic Counselors Mental Health Consultation Group
	Valley Alternative High School	Co-facilitation of a Leadership Class Group with Teacher
Professional Development with Teaching staff		
Training/Workshop with Teacher and Students		
Livermore	Livermore District Office	Academic Counselors at the High School level Mental Health Consultation Group
Pleasanton	Horizon School-Age Parent Program @ the Village Alternative High School Campus	Staff Mental Health Consultation group
	Pleasanton School District Office	Cohort 1 of an Academic Counselor Mental Health Consultation Group
		Cohort 2 of an Academic Counselor Mental Health Consultation Group
	Village Alternative High School	Professional Development with Teaching Staff
Across All	Hume Center Pleasanton Office	Mental Health Peer Consultation for

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Districts	Alternative Education Administrators (Principals for all 4 Alternative High Schools)
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Whole school interventions and supports: Include providing mental health consultation to administrators of school district and school sites, staff and teaching faculty at school sites, parents and to students. In addition, by providing groups to the students and their families we are working with identified youth and families who may have otherwise not been served if left to only observations of distress and behaviors. The following chart outlines the number of recipients served in the different service delivery options per district. The services were provided by Hume Center employed staff at the levels identified by an * and the remaining services were provided by Post Doctoral Fellows and Pre-Doctoral Interns:

Original Contract Data:

District	School Site	Type of Service	Totals Recipients/Sessions/Minutes
Dublin	Valley Alt HS	Administrative Consultation*	3 recipients/38 sessions/2,205 minutes
		Individual staff consultation*	18 recipients/114 sessions/3,665 minutes
		Individual Parent Consultation	11 recipients/9sessions/530 minutes
		Individual Student Consultation	17 students/202 sessions/10,075 minutes
		Group Services to Students	12 students/100 sessions/5,065 minutes
Livermore	Del Valle/Phoenix Alt HS	Administrative Consultation*	2 recipients/60 sessions/3,660 minutes
		Individual staff consultation	9 recipients/92 sessions/4,030 minutes
		Individual Parent Consultation	5 recipient/4 sessions/300 minutes
		Individual Student Consultation	44 recipients/250 sessions/11,250 minutes
		Bilingual Parent Peer Consultation	8 recipients/13 sessions/1,560 minutes
		Group Services to Students	6 recipients/18 sessions/1,095 minutes
Pleasanton	Village Alt. HS	Administrative Consultation*	4 recipients/ 42 sessions/2,910 minutes
		Individual staff consultation*	19 recipients/223 sessions/15,010 minutes
		Individual Parent Consultation	8 recipients/50 sessions/2,350 minutes
		Individual Student Consultation	30 recipient/339 sessions/15,255 minutes
		Group Services to Students	76 recipients/231 sessions/10,395 minutes

Expansion Contract Data:

District	Site	Type of Service	Totals Recipients/Sessions/Minutes
Dublin	Fallon Middle School	Prevention groups for Middle School Students	18 recipients/12 sessions/540 minutes
		Individual Consultation to teacher and staff as it relates to student	5 recipients/7 sessions/930 minutes
		Administrative Consultation*	2 recipients/8 sessions/335 minutes
	Wells Middle School	Prevention groups for Middle School Students	3 recipients/6 sessions/285 minutes
		Individual Consultation to teacher and staff as it relates to student	4 recipients/15 sessions/625 minutes
		Administrative Consultation*	4 recipients/11 sessions/605 minutes

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			minutes
		Training to Staff *	40 people/60 minutes
	Hume Center Pleasanton office	All Academic Counselors Mental Health Consultation Group *	9 recipients/3 sessions/2,640minutes
	Valley Alternative High School	Co-facilitation of a Leadership Class Group with Teacher	13 recipients/42 sessions/1,890 minutes
		Professional Development with Teaching staff*	15 recipients/4 sessions/360
		Workshop/Training to Students in English Class on Motivation*	15 students 2 Staff=17 recipients/1 session/300 minutes
Livermore	Livermore District Office	Academic Counselors at the High School level Mental Health Consultation Group*	6 recipients/4 sessions/960 minutes
		Group staff consultation*	19 recipients/29 sessions/1,305 minutes
		Administrative Consultation*	1 recipient/3 sessions/180 minutes
		Staff Training*	19 recipients/ 1 session/60 minutes
Pleasanton	Horizon School-Age Parent Program @ the Village Alternative High School Campus	Mental Health Peer Consultation group for Staff*	6 recipients/11 sessions/1290 minutes
		Administrative Consultation *	1 recipient/9 sessions/540 minutes
		Individual Consultation to Staff*	1 recipient/9 sessions/540 minutes
	Pleasanton School District Office	Cohort 1 of an Academic Counselor Mental Health Consultation Group*	6 recipients/3 sessions/720 minutes
		Cohort 2 of an Academic Counselor Mental Health Consultation Group*	5 recipients/3 sessions/720 minutes
	Village Alternative High School	Professional Development with Teaching Staff*	14 recipients/7 sessions/630 minutes
		Staff Training*	20 recipients/1 session/90 minutes
Across All Districts	Hume Center Pleasanton Office	Mental Health Peer Consultation for Alternative Education Administrators (Principals for all 4 Alternative High Schools)*	3 recipients/6 sessions/720 minutes

Early intervention services: Include services to youth in individual forums focused on providing psycho-education and identification of early symptomology, reducing symptomology that is undiagnosed and/or preventing further exacerbation of diagnosed symptoms before having to seek more intensive treatment, assessing needs or putting in place behavioral supports or interventions. All intervention services were provided by a Post-Doctoral Fellow or Pre-Doctoral Intern:

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District	School Site	Type of Service	Totals Recipients/Sessions/Minutes
Dublin	Valley Alt HS	Early Intervention	4 recipients/140 sessions/6,300 minutes
		Assessment/Screening	5 recipients/5 sessions/300 minutes
Livermore	Del Valle/Phoenix Alt HS	Early Intervention	5 recipients/175 sessions/7,875 minutes
		Assessment/Screening	22 recipients/22 Sessions/ 1015 minutes
		Behavioral Support/Intervention	2 recipients/3 sessions/125 minutes
Pleasanton	Village Alt. HS	Early Intervention	2 recipients/70 sessions/3150 minutes
		Assessment/Screening	26 recipients/26 sessions/1,350 minutes
		Behavioral Support/Intervention	3 recipients/4 sessions/160 minutes

Intensive intervention/treatment: Include services provided to students and their families that was beyond the point of prevention and required more long term or intensive services as defined by more than one academic year. This includes crisis response and interventions and assisting students and families in accessing other resources such as Medi-Cal which may have been received internally or externally of the Hume Center. Services were delivered by Post-Doctoral Fellow or Pre-Doctoral Intern:

District	School Site	Type of Service	Totals Recipients/Sessions/Minutes
Dublin	Valley Alt. HS	Medi-Cal transferred	1 recipient/10 sessions/450 minutes
Livermore	Del Valle/Phoenix Alt HS	Crisis Response	7 recipients/4 sessions/480 minutes
Pleasanton	Village Alt. HS	Crisis Response	5 recipients/7 sessions/225 minutes
		Medi-Cal transferred	1 recipient/13 sessions/585 minutes
		Linked to other Provider	3 recipients

Infrastructure (i.e. coordination of services, organizational structure, etc.): includes Coordination of services, principal collaborations across all districts, attending IEP's, Developing/Facilitating/attending Coordination of Services Teams or Provider meetings among other services that benefit an infrastructure of support to students, staff, and parents. The services were provided by Hume Center employed staff at the levels identified by an * and the remaining services were provided by Post Doctoral Fellows and Pre-Doctoral Interns:

District	School Site	Type of Service	Totals Recipients/Sessions/Minutes
Dublin	Valley Alt HS	Service coordination	5 recipients/5sessions/300

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			minutes
		SST	2 recipients/2sessions/120 minutes
		On Site Provider Meetings*	7 participants/19 sessions/1140 minutes
		Outreach to students	4 events/44 sessions/1,320 minutes
		Outreach to parent*	3 Events/3 sessions/120 minutes
		DUSD Wellness Group*	3 sessions/300 minutes
Livermore	Del Valle/Phoenix Alt HS	Service coordination	2 sessions/120 minutes
		On Site Provider Meetings*	6 participants/13 sessions/780 minutes
		Outreach to Students	16 sessions/870 minutes
		Outreach to Parents	1 event/90 minutes
		Fair/Community Event*	1 event/60 minutes
Pleasanton	Village Alt. HS	Service coordination	13 sessions/350 minutes
		On Site Provider Meetings*	4 participants/23 sessions/1,380 minutes
		Outreach to students	13 events/735 minutes
		Outreach to Parents	3 events/200 minutes
		Fair/Community Event*	3 events/180 minutes
		Linkage to Community Resource	6 sessions/170 minutes

2. Describe how your program supports key school district initiatives and improvement priorities.

School initiatives that look to build character in students and supporting mental wellness of students are supported through prevention groups and early intervention services. As mentioned in previous paragraphs, the aim of the program is to build an individual's capacity to manage with challenges that may come up for them in their life specifically focused on areas that interfere with their learning. By incorporating working with caregivers and human service professionals focused on enhancing the student's life, this engagement helps to bridge areas of character building outside of the individual system. Our program does this by providing Mental Health Consultation to parents and school staff (administrators, teaching staff, and other school staff), respectively. When a student is not with their peers they are with their caregivers and/or other helping community professionals so by working with these adults and building their capacity to support their work objectives in relation to the student, a systems approach is useful. The student may also be engaging in individual and/or their peer group forums which further support a holistic systems approach to mental wellness, character building, and reducing dropout rates and increasing attendance. In addition, it helps school staff to look at their practices and adjust for unique differences among the population they serve. When all individuals in a student's life, along with the student, have a clear understanding of what they would like to accomplish they can then begin to work together to accomplish an identified task. Although

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schools are academically focused to improve APIs, this does not mean that mental health wellness is lost. It usually results in students being referred for services where a new perspective can be provided to understand academic decline as part of a symptom of the system that needs to be addressed.

V. Case Studies

The following case studies reflect narrative examples of the work being provided by the Hume Center staff in relation to Program Objectives and Service Delivery Options.

Dublin USD examples: Tri-Valley Original Contract Case Studies

Example of Consultation with Teacher, Groups with students, and Collaboration:

While working within the alternative High School in the district the consultant had the opportunity to collaborate with the Leadership Instructor to form a Leadership Group with high school seniors in the instructor's class. The idea to form this group came from the instructor who felt that the consultant's training and skills would help in being able to connect the students with each other and assist in helping the students to obtain the skills necessary to be leaders. The Leadership Instructor also wanted to incorporate curriculum from the book "The 7 Habits of Highly Effective Teens" and desired that the consultant assist in making the presentation of these "habits" more applicable for the students. By facilitating a group for students who were about to graduate and transition to life after high school, the consultant saw this as a wonderful opportunity to provide a preventative service that teaches them valuable life "habits" and provides the students with a space to discuss barriers to utilizing the habits as well as ways they've successfully incorporated these skills. In addition, it was a great opportunity to partner with a teacher and bridge curriculum and social emotional development of the students in the classroom.

The Leadership Group began as a trial to see how the students responded to the implementation. Both the instructor and the clinician collaborated to define the group objectives as well as how to operate the group within the respective roles. It was decided that the Leadership Class would be divided into two different groups within the period. The trial took place over a three week period. The beginning content of the group focused on team building activities and clarity of roles. It was the hope that, with the group members becoming more connected with each other, they would more easily be able to open up and share more vulnerable parts of themselves within the group. During the trial, the consultant and the instructor met twice a week; once at the beginning of the week to plan and go over the content and structure of the group and again at the end of the week to review the activities and the group's response.

After the trial, the consultant and the instructor came to the decision that the group was fulfilling its intended purpose of teaching the students leadership qualities in a more practical way. The instructor asked the consultant to continue running the group and to work with her in formulating her curriculum around the book, "The 7 Habits of Highly Effective Teens." The ongoing objective was aimed at helping the students learn how to implement these skills in their lives and

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talk about the social and emotional issues that get in the way of being an “effective teen.” The group provided skills and activities that caused the group to have to work with each other and trust one another in order to complete the exercises. These activities helped connect the group members with each other, thereby, creating a safe sharing environment for when the habits of the book were discussed.

The **class** functioned as the place where the students would learn the material and develop an understanding of what the habit addressed. The students would attend the **group** and discuss how they can connect the habit to their personal lives. The seven habits were: being “proactive”, “beginning with the end in mind”, “putting first things first”, “thinking win-win”, “seeking first to understand, then to be understood”, “synergize”, and “sharpening the saw”. One particular example of the combination of the class and group was when the students learned the habit of being “proactive.” During the class, the instructor discussed the differences between being “proactive” and “reactive” and how both verbal and non-verbal communication illustrates to others whether you are “proactive” or “reactive.” After the students learned this in class, they attended the Leadership Group and the consultant had the students discuss different times in their lives when they had been “proactive” and “reactive.” The consultant also explained to the students that part of being “proactive” is taking control of your life. To help the students learn this skill, the consultant had the students draw a picture of themselves as they want to be in ten years. Afterwards, the students discussed their pictures and asked each other questions about how they planned to achieve what they drew in their pictures. This group provided a safe space where the students could freely discuss their hopes and fears for the future, as well as, the potential road blocks that could get in their way, such as drug use and lack of schooling. Overall, the Leadership Group was successful in teaching students Leadership skills and helped them apply what they are learned in the real world.

Example of an Early Intervention with student:

Beginning in November 2011, the consultant worked with a 16 year old sophomore who displayed anxiety in various classrooms. Initially, the school counselor brought the student to see the consultant related to concerns about the student experiencing truancy and leaving the class abruptly. The counselor discussed the student often missing school due to her anxiety and her academic performance suffering. The student had reservations about meeting with the consultant due to having bad experiences in the past with mental health provider and was unsure how this service would be of use to her.

The goal of the early intervention was to provide the student with coping skills that would allow her to be able to manage her anxiety and grief while at school so that she could maintain her focus. The consultant utilized sessions to increase the students knowledge about coping skills and providing her with different techniques that could help her to manage her anxiety, especially while at school. The student learned, diaphragmatic breathing, guided imagery, mindfulness, and other relaxation techniques. The student began utilizing the skills consistently while in school. The student also incorporated her caregiver as a part of her support by letting her

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caregiver know what she had learned so that her caregiver could prompt her if she was not able to recognize her anxiety.

With time, the student began to incorporate other coping skills when she began to have anxiety. The student also turned to community resources such as her church which she attended more regularly and began utilizing prayer to help her with her grief. Currently, the student has gone months without missing a day of school or needing to leave class due to feeling anxious. This was a student that if she had not been identified early on would have needed more intensive therapy and possibly psychiatric treatment in the future if symptomology would have persisted however by providing the student with early intervention services, the student has been able to improve her functioning without more intense treatment.

Dublin USD examples: Tri-Valley Expansion Contract Case Studies:

Example of Consultation to School Staff:

Through working with the Hume Center's Program Coordinator, the District's Director of Student Services identified the district's need for a tailored professional development forum for their counselors. The Director was familiar with work the Hume Center had done with counselors in another School District and wanted to replicate those efforts. The consultant was brought in to facilitate these professional development meetings with all of the district's counselors. Initially, the consultant and Program Coordinator worked with the District's Director of Student Services to plan for the implementation of these counselor meetings. Specifically, the consultant and coordinator worked with the Director to clarify roles, goals and expectations and establish a location for the services (i.e. at Hume office). From this meeting, the Director coordinated days and times with the counselors and established three, four hour days for the meeting to take place. In addition, the Director of Student Services worked with each school's administrator to advocate for the counselors to be off site during these days and times in order for the counselors to be able to attend.

Next, the consultant sent out invitations to the counselors with the first meeting date, time and location. At the first meeting, eight counselors out of nine were in attendance. The goal of this meeting was to allow the counselors and consultant to get to know each other better and to identify professional development goals and needs that this meeting could address. Specifically, the consultant had everyone introduce themselves, share their professional background and identify current challenges in their work. The consultant also spent time introducing himself, and sharing the overall purpose and scope of the meeting. The counselors had a lot of questions because, initially, they were unsure what the meeting was about. After clarification, the counselors were excited about working together to create a forum for their own professional development. Then, the consultant facilitated a discussion to identify themes, topics and challenges the counselors face in their work. The counselors also developed a format for the remaining two meeting (4 hour meeting: 2, 1 hour workshops followed by 2, 1 hour case discussions). The counselors identified four topics for the last two meetings and decided on the two topics they wanted for their next meeting.

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At the next meeting, six of the nine counselors were in attendance. The group discussed two topics (i.e. “Motivational Interviewing”, “Depression and Anxiety”) in workshop format. This was followed by two case presentations by counselors who wanted to present a challenging, current situation at work. All the counselors reported both portions of the meeting provided value. Specifically, they reported that the workshop exposed them to new ideas, approaches and specific strategies they could take to their various school settings. The counselors who presented reported appreciating additional perspectives on the situation and benefiting from additional ideas moving forward. They also noted that, because the group consists of elementary, middle and high school counselors, some counselors may have already worked with the student and/or their family and could provide additional information. The other counselors learned from the case presentation by being able to apply challenges in the case to situations they face in their own work. They all reported wanting follow up on the cases at the next meeting. The final meeting was attended by eight of the nine counselors. The topics (i.e. “Solution focused Therapy”, “ADHD”) were presented in a lecture format but discussion was encouraged and generated. A guest presenter was brought in to discuss ADHD with the group. Then, the counselors who presented at the last meeting provided follow up on their cases. This was followed by a case presentation by a counselor. The consultant allocated time at the end of the meeting to encourage feedback about the meetings. All the counselors shared their input. The counselors all reported wanting the meeting to continue next year. They all shared that it was nice to have all counselors present to get to know each other better, feel less isolated, share ideas and provide an optimal continuum of care for the students. They said that they really enjoyed meeting off of campus and, although they it was hard to be away from school, they felt more present and less distracted. They reported benefiting from being exposed to new learning, perspectives and strategies that they could use at their respective schools. They also identified that it is easy to get stuck in doing the same thing or trying the same approaches with students so it was helpful to get new ideas through both workshop format and case presentation.

Example of a Teacher consultation:

At a middle school, teacher consultation services were met with enthusiasm. After a mass email was sent out to all teaching faculty, providing them with Hume Center services information, a response was received from a teacher who was interested in meeting one on one with a consultant in order to discuss behavioral challenges being experienced in her classroom. During the first meeting, she expressed concern for students who seemed to lack coping skills to handle stress and interpersonal conflicts. Additionally, she noted some emotional instability in some of her students, which she felt factored into their challenges in completing assigned class work. Through the time spent in exploration with this teacher during three subsequent meetings, she was able to identify the emotional triggers for her most challenging students as well as ways that these students could be better supported in her classroom. She was able to understand each student’s unique needs and challenges and came up with strategies to address them uniquely and also developed common strategies that could be incorporated into her lessons that would benefit even the students who she did not consider to be a challenge. In addition, she recognized that there would have to be additional support the student may need that were beyond her scope to

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provide. Through consulting with the teacher, the consultant was able to help reduce the teachers' personalization of the behavior and to assist her in coming up with strategies to work with the students thus decreasing the likelihood that the students would be referred out for discipline due to behavior.

Livermore USD examples: Tri-Valley Original Contract Case Studies:

Example of Consultation with Student:

An 18-year-old Mexican male was referred to the consultant due to declining grades and a notable shift in attitude. During consultation meetings it was noticed that he was dealing with reduced academic effort, lack of motivation, low confidence and self-esteem, minimal communication or desire to adhere to parental rules, which he reported has been a problem since his freshman year of high school. It was also noticed and reported that he was often late for school due to not wanting to get up early and was behind in his credits which would lead to him not to graduate on time. He reported that he began to have behavioral, academic, and attendance issues in his freshman year at his previous high school and that he began using substances in middle school. His substance use often resulted in risky behavior and lack of motivation. He also reported having a difficult time understanding how to complete his assignments, a fear of asking for help, and lack of confidence in his ability to do well on his schoolwork.

At the onset of consultation, he was fairly reserved and discussed topic unrelated to his struggles. However, through the course of the meetings, he was able to open up significantly about his life experiences, and has been able to discuss and express his thoughts and feelings with more ease. He showed insight and awareness, and was able to begin to setup benchmarks for differing goals at a pace that he was able to maintain. For example, he improved his attendance and has raised his grades significantly by completing all his schoolwork, making up missed work, staying after school to get assistance with schoolwork, and attending night school, all of which lead him to earn enough credits to graduate from high school. Through consultation, the consultant was able to explore with the student available resources (internal and external) that he could access to help him achieve his goals. Additionally, he was able to drastically cut down utilizing substances which has lead to a significant decrease in risky behavior and a considerable increase in his motivation and effort in school. Furthermore, his relationship with his parents improved as evidenced by rarely engaging in confrontations with his parents. Finally, although he had difficulty accessing and expressing his feelings, he became more expressive and found journaling a strategy that worked for him that he has continued to utilize.

Example of Prevention Groups with Students and consultation to students:

In the previous academic year, a group for students who identified or were allied with the LGBTQ community was formed at the request of a few students. The group continued in this academic year based on the students' positive experience with the group last year and the request that it continue. This year it was decided that to promote leadership and continuity of the group, two students who expressed interest and participated in the group last year would become co-

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facilitators taking a more leadership role with the hopes that next year they could begin to facilitate the group on their own by consulting with the consultant to be able to do the group on their own. The student co-facilitators met with the Hume Center consultant every week prior to the group meeting to prepare for the group. The Hume consultant worked with the two students to help them clarify their roles as co-facilitators and helped them think through the agenda for the group. This process included exploring what may come up for the group in relation to the topic being presented and how they would respond to difficult situations and/or facilitate the group's interactions. Group topics included sexuality, identity, struggles, homophobia, suicide etc. As the group progressed and they began to consider how change could occur at a more global level than just their group a student co-facilitator suggested to the group to advocate for LGBT community and make a video about the LGBT group at their school and post it online on the "It Gets Better" website, which is an online supportive resource for LGBT community. This suggestion came out of ongoing conversations presented in the group around the difficulties faced by the population and wanting to make a difference for them. They recognized that their group was unique in that it not only involved identified youth but allies. Therefore during the group meeting participants of the group began brainstorming and preparing on how they wanted to convey their message and began to record a video. They decided that it would be impactful to have everyone share their experiences of the struggles they have as being identified youth and as allies to identified youth. At the end of the academic year one of the student co-facilitator expressed interest in continuing the LGBTQ group next year although he was graduating. In addition he shared that the group has been life changing for him because he did not feel isolated and it was a venue for him to learn about himself and that there is a place for him and a future goal that he did not realize would be an endeavor has resulted from having such a group.

Livermore USD examples: Tri-Valley Expansion Contract Case Studies:

Example of Consultation to School Staff:

After thoughtful planning and careful needs assessment by the Hume Center's Program Coordinator and the District's Director of Student Services, the consultant was brought in to offer and facilitate a meeting with the district's high school counselors focused on professional development. The Director of Student Services noted that the counselors attend the same professional development forums as the teaching staff yet their roles were vastly different. He felt this service could be focused on the counselor's role and the specific challenges they face. From the beginning, the consultant worked with the District's Director of Student Services to plan for the implementation of this preventive service. Specifically, the consultant worked with the Director to clarify roles, goals and expectations and to plan for how he would be introduced to the counselors.

The consultant and Director of Student Services were given 15 minutes to meet with the counselors during one of their monthly meetings. The consultant was introduced to the counselors by the Director. The consultant then shared his background as it pertained to his possible role with the counselors and encouraged the counselors to introduce themselves and share a little about their background and current work. The consultant then proposed possible

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options for professional development meetings with the counselors for the remainder of the academic year. All of the counselors reported wanting to have a forum for professional development in place. The counselors identified a day and time when they could meet with the consultant to plan for what the meeting would look like moving forward.

At this planning meeting, the counselors reported wanting both formal workshops that addressed common themes/concerns they face in their role, and space to discuss specific work situations they struggle with. The group identified a format for the meeting (2 hours total: 1 hour workshop, 1 hour case discussion). The group also brainstormed, identified and prioritized topics for the meetings. During the meeting, the counselors identified two dates when they could meet before year end and the topic for the next meeting (working with students who experience depression and anxiety).

At the next meeting, four of the six counselors were in attendance. The group discussed the topic in workshop format and then a counselor shared a challenging situation with a student. All the counselors reported benefiting from both portions of the meeting. Specifically, they benefited from the workshop by learning additional skills and strategies to work with students who have depression and/or anxiety. The counselor who presented identified new approaches she could take moving forward with the situation. The other counselors learned from the case presentation by being able to apply challenges in the case to situations they face in their own work. The group confirmed the last meeting date and identified a topic for that meeting (grief).

The final meeting was attended by three of the six counselors. The three who did not attend needed to be available at their school for a last minute obligation. The topic was presented in a lecture format but discussion was encouraged and generated. The consultant allocated time at the end of the meeting to encourage feedback about the two meetings. The counselors all reported wanting the meeting to continue next year and benefiting from this professional development opportunity. Specifically, they reported benefiting from being exposed to and/or brushing up on topics, skills and strategies that directly relate to their work. They also reported benefiting from collaborating with one another and sharing resources and ideas. Moving forward, they reported wanting to make sure meeting times were convenient for all counselors. Overall, the counselors saw the value in this forum and reported feeling like having this meeting on an ongoing basis would positively impact their work next year.

Pleasanton USD examples: Tri-Valley Original Contract Case Studies:

Example of Early Intervention, Consultation to Parents, and Crisis Intervention

A male of 14 y/o in the 9th grade was initially referred by the principal upon transferring to the school due to concerns about substance use in order to support the student's transition to the new school. The principal requested an assessment of the student in order to provide appropriate supports and interventions to the student. The consultant met the student and his caregiver through the assistance of the principal to make the introduction. The consultant then met with the student's caregivers and gathered information about the student and their family dynamics. The mother reported that she felt emotionally numb to her son, but cried multiple times in session as the consultant explored her hopes for him. She also reported that he had been physically violent with her in the past and that she had been frightened of him. Over the holiday break, the mother

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and son got into an argument that resulted in the mother sending the son to permanently live with the father. These arrangements resulted in the student being put on independent study at the school because the father lived in another district and town. The consultant met shortly thereafter with the son and father separately in order to gain further information. The son reported that he felt his mother was “caring” and his father was consistent and he wished he could combine the two. The father reported that he simply felt the son was making bad choices and that he just needed to see how they would affect his future and change his path. The consultant began checking in with the student biweekly when he attended the school in an attempt to offer support and explore his conflict with his caregivers. The student was initially quiet and guarded with the consultant, but after a few meetings requested that they meet weekly. During this time the mother called the consultant directly and stated further conflict with her son when he came to visit. The consultant offered to meet with her individually for consultation about her son and she agreed. The consultant met with the mother weekly for a number of months, focusing on her relationship with her son, examining the ways that she was emotionally triggered by him, how he reminded her of her ex-husband and ways that she could communicate more effectively with him. The mother reported that meeting with the consultant were “very helpful” and expressed appreciation. The mother and son had regular explosive arguments during this time when the son would come to visit and she would send him back to live with his father. The consultant completed his written assessment of the family and arranged to present it to both the mother and son together, with them both in the same room for the first time. The consultant offered the assessment for both to read and explored their reactions. They were planning to go on a ski trip with each other the day after this reading. They both expressed appreciations for each other and stated that they wanted to meet with the consultant for family consultation after that. Shortly after this meeting, the student and mother got into an argument and the mother told him that he couldn’t attend the ski trip. Over the next week the student began to display anger and paranoia and eventually the father and the mother came together to hospitalize the student. The consultant followed up with the family and learned that the student was receiving psychiatric and psychological support through the father’s insurance, that he had returned to live with his mother and that both the mother and father had empathy for the son’s condition and a desire to support him.

Example of Linkages to Long-Term Care, Consultation with Parent, and Crisis Response and Intervention

A 17 y/o female in the 11th grade had initially filled out a group interest form when the consultant outreached to classrooms to start groups. During the assessment and screening phase of recruiting participants for group she began discussing school and personal difficulties that impacted her success at school. The consultant provided options for services, including a peer prevention group about women’s issues, such as relationships and coping, as well as individual consultation to follow-up about personal concerns. The student agreed to attend peer prevention group and individual consultation which she attended weekly. She initially did not share much about ways to create and conduct the group, nor engage in discussion about women’s issues, however over time the student was able to discuss and participate in activities about communication with others, substance use and other ways of coping with emotions, and self-

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identity. The student attended individual consultation one time a month, per the consultant's initiation, in which she was, again, slow to open up about struggles with peers and family members, as well as the impact these difficulties may have on school functioning. Meanwhile, the student's mother had also requested consultation about ways to communicate with the student, through the school principal. The consultant met with student's mother to explore concerns and needs for consultation services. The student's mother reported that she wanted to find resources for student, such as counseling. The consultant provided options for services, including individual and family consultation toward creating a consultation assessment and recommendations for support, which may include counseling or other supports. The student's mother agreed to the consultation assessment process and provided background information about student and her family, which included losses and trauma. The student's mother did not attend the following consultation sessions to complete the assessment process. One day, the student initiated a drop-in session with the consultant expressing recent suicidal thoughts. She reported feeling scared and frustrated, and wanting to feel better. The student requested consultation about ways to request a psychiatric medication evaluation. Student reported no current suicidal thoughts, however reported them as recently as the previous evening and anticipated them in the near future. The consultant assessed for risky behavior to self and facilitated the student in creating a safety plan for the next day, when the consultant would call the student to follow-up about suicidal ideation and further assess for risky behavior to self. The consultant contacted the student's mother to participate in safety plan and monitoring of student's progress over the next day and seek hospitalization if needed, in which student's mother agreed. The consultant contacted the student the following day and student was in the process of being psychiatrically hospitalized and thanked consultant for her support. The consultant contacted both student and student's mother over the next few days to provide support or consultation as needed, however the student was hospitalized and student's mother declined services. The student's mother also thanked the consultant for her support and recommendation to psychiatric and psychological services, as originally requested. Student was given a psychiatric evaluation, psychiatric medication regimen, and both individual and group therapy services through the consultant's recommendation. Consultant continued to meet with student two times a month until the end of the school year in order to follow-up about school and personal difficulties, as well as continue to assess and monitor risky behaviors. In the services review and evaluation, the student reported that she felt supported by consultant and that consultation services encouraged her to refrain from engaging in suicidal or self-harm behaviors.

Pleasanton USD examples: Tri-Valley Expansion Contract Case Studies:

Example of Peer Consultation with School Staff:

During the 2010-2011 academic year, a consultant began providing services at a school site for the students. During an initial meeting with the principal, the consultant asked the principal questions to develop a better understanding of the school climate and the inner-workings of the school. Through the process of exploring the mission of the school and the goals the principal had for students as they neared graduation, the principal realized that this was a conversation she would appreciate having with her staff present. The principal asked the consultant to join their

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staff meeting and continue the conversation. The consultant attended the next meeting and was introduced and continued the conversation about what the teachers wished for the students as participants at their school, and what their role was regarding helping students achieve those goals. The teachers began to develop clarity regarding the discrepancies between what they wanted for the students and what the students' goals were. During that first year, the teachers and principal were able to discuss students in a peer consultation group (facilitated by the same consultant). The meetings were held every other week, and through the process, the teachers felt more equipped to manage the behavioral challenges they were met with in the classroom, as well as become a more united and supportive team of peers.

Due to the success of the first year of peer consultation, the consultant was invited back to participate in a second year of peer consultation. While preparing with the principal for the upcoming year, the principal noted that she no longer needed to use her staff meetings for administrative items, instead wanting to use the time to focus on students and further developing the peer consultation group. This principal was able to realize that teachers need to feel they are part of a team and are understood in order to be more effective at their jobs. Previously, the staff meetings included giving information about students' shortcomings, as well as teachers volunteering to follow up with students regarding missing assignments/credits. The principal was able to look at the system dynamics differently through the use of administrative consultation, and was able to acknowledge the importance of modeling appropriate behavior for the students, through the use of a collaborative working relationship, rather than focusing on punishments and reprimands. The consultant has been invited back to continue the work in the 3rd year. When reflecting on the work that has been done over the last 2 years, the consultant and the principal have examined the amount of preparation needed in order to create a group where people can share their work. Unfortunately, schools operate at a very quick pace, and the rapidness is not conducive to exploring the work at a deeper level. The beginning stages can feel "too slow" to teachers and staff, and therefore a trusting working relationship needs to be developed as the work begins in order to be maintained in the long run.

Example of Peer Consultation to Other School staff:

During the 2011-2012 academic year, the Mental Health Leadership Training for 6 counselors in one of the school districts was continued. After evaluating the program last year, the counselors were able to identify where they wanted to enhance their mental health consultation skills this year. The counselors worked with the trainer to develop an agenda for the training year. The topics covered included: continuing to learn and practice implementing mental health consultation in their work, and identifying how to incorporate their skills into their assigned roles in collaboration with the identified leadership at their sites. The counselors were able to explore their work and their assigned roles with more depth in the second year of training. There were able to identify where they are able to have the biggest impact in their work, and areas they would like to further develop. Each training session was evaluated with a formal evaluation. When asked to evaluate the program, participants consistently gave a rating of 5 out of 5. When asked how the workshop could be improved, the participants indicated that the only improvement needed was to have the training more often. Through this second year of training,

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the trainer was able to observe the developing relationships between the participants. Through the use of an established forum where they can discuss their work, the counselors became a reliable support for each other and were better able to mitigate any difficulties they faced when they were at their respective school sites.

VI. Implementation Strengths and Challenges

District	Highlights and successes of Original and Expansion Contracts	Challengers and barriers of Original and Expansion Contracts
Dublin	<p>Outreach to students during lunch and classes were met with openness.</p> <p>Weekly provider meeting to discuss students ensured care for all students in need</p> <p>Access to principal and secretary for brainstorming on navigating the system was helpful</p> <p>Cooperation from secretary- assisting with providing student schedules and allowing group announcements over school intercom to promote groups.</p> <p>Strong rapport with students where many sought services on their own rather than being referred by other- Reduced the stigma around mental health access.</p> <p>Support from students with group recruitment ensured a successful group</p> <p>Expansion: Strong planning and distinct dates were set up for all meetings with district staff</p> <p>Director of Student Services advocating for the counselors with school administrator to enable the counselors to attend</p> <p>Ability to develop and deliver tailored services to address identified needs</p> <p>Cooperation from counselors to distribute surveys to identify what groups students are interested in participating in short period of time</p> <p>Having ways to outreach for groups through a</p>	<p>Unclear about program’s mission and goals as well as identity of service providers</p> <p>Need to establish effective working relationship with Unified School District leadership</p> <p>No group faculty forum for consultants to be involved</p> <p>Not enough time to discuss students during staff meetings at a deeper level</p> <p>Strong emphasis to meet with students individually rather than school faculty meeting with the consultants focusing on how to effectively work with students.</p> <p>Lack of clarity around the services that Hume center provides (i.e. have “fix the student” mentality))</p> <p>Confusion about the consultant’s role and services (expect treatment vs. Prevention)</p> <p>Lack of opportunities, forums and interest from teachers to engage in consultation</p> <p>Lack of forums to elicit interest from parents to engage in services offered</p> <p>Difficulty in having access to teachers (such as not having a prep period)</p> <p>Difficulty accessing parents in large forums</p>

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	<p>speaker system, fliers, and written bulletins</p> <p>Having a room to work in to provide groups for the students</p> <p>Having the ability to meet with teachers during their prep periods to introduce self, services, and to begin a collaborative relationship</p> <p>Having the opportunity to collaborate with individuals who, despite having services being offered later in the year, were enthusiastic about the offering of services and were able to help the implementation of these services</p> <p>Consulting with teachers who were responsive to one on one consultation regarding students and classroom behavior</p> <p>Working with students who were interested in services and to participate in a group with their peers</p>	<p>Expansion: Unclear about program’s mission and goals as well as identity of service providers</p> <p>Need to establish effective working relationship with Unified School District leadership</p> <p>Lack of understanding of the meetings purpose at the beginning</p> <p>Some challenge finding a meeting time when everyone could attend</p> <p>Lack of space in which to prepare for/facilitate student groups on campus</p> <p>Difficulty in setting up meetings with school administration due to their unavailability for purposes of navigating the services on their campus</p> <p>Beginning the implementation of services later in the year and facing negative perceptions of services because of the short time remaining</p> <p>Difficulty in accessing teachers due to time constraints and availability on the part of teachers</p> <p>Not having a teacher and student assembly or forum to present Hume Services, clarify, and answer any questions</p> <p>Not having a student assembly to introduce Hume Center services and outreach for groups</p>
Livermore	<p>Establishing effective working relationship with Unified School District leadership in establishing working relationship.</p> <p>Consultants have been able to establish a good</p>	<p>Staff has had a difficult time fully understanding what consultants roles are within the school, with students and staff.</p>

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	<p>working relationship and collaboration with the administrative staff, faculty and principal.</p> <p>Consultants were able to successfully continue with groups that were initially developed last academic year by other Hume center consultants.</p> <p>Consultants also were able to implement successfully new groups for students</p> <p>Consultants have been able to successfully engage many students into utilizing consultation services and consistently attending individual sessions. Many students have remained invested in consultation services.</p> <p>Consultants have also been able to assist and support the school, its staff and students when crises have arisen.</p> <p>Consultants have provided opportunities for individual consultation for the principal, vice principal and staff.</p> <p>Expansion:</p> <p>Strong planning and identification of need at the district level</p> <p>Strong planning and identification of needs from the counselor’s perspective</p> <p>Ability to develop and deliver tailored services to address identified needs</p>	<p>There is a need for more clarification on the referral process for referring parties and the expected response time.</p> <p>There is also a need to have staff understand more clearly the limitations of confidentiality related to Hume Center services at the school.</p> <p>It has been challenging engaging students’ families to participate in consultation services.</p> <p>Expansion</p> <p>Finding a common, convenient time for all counselors to be able to attend</p>
Pleasanton	<p>Relatively more clarity about program’s mission and goals as well as identity of service providers</p> <p>Useful participation by Unified School District leadership.</p> <p>Students felt understood and showed positive growth as result of services.</p> <p>Students appreciated the time out of the</p>	<p>Inconsistency of student attendance.</p> <p>Teachers unclear about purpose/impact of consultation. Teachers want students seen individually, rather than work through communicating with student in consultation.</p> <p>Difficulty getting parents involved, even for permission slips.</p>

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	<p>school day to be able to center themselves before returning to the rigor of the curriculum</p> <p>Flexibility to see students, teachers, etc.</p> <p>Saw students open up and feel comfortable in groups. Able to talk about and share emotions and struggles.</p> <p>Students able to communicate more with family members. Parents say able to communicate more with students.</p> <p>Teachers talk about systemic difficulties and ways to work around. Discuss interventions and communications with students and other staff. Promote empathy and understanding to students.</p> <p>Reach out to diversity of students, most of whom were highlighted as of concern. Students of concern self-selected for support services, whether individually, drop-in, or groups.</p> <p>Connected with some community resources as a referral source for some students and families.</p> <p>Teachers feel understood/supported in their struggles with students</p>	<p>Difficulty outreaching to community and parents, somewhat to students, as only venues have been assemblies (or break times).</p> <p>Students not necessarily reaching out to teachers for support, even after consultation.</p> <p>Referrals for students to be seen individually, rather than consultation about ways to support student in the classroom or other resources that may be in student's life and considered student's strengths.</p> <p>Teachers requesting group psychoeducation workshops/trainings, yet no forums for such.</p> <p>Several concerns about unpredictable nature of teacher jobs/employment came up.</p> <p>Teachers requested more training and support considering nature of students in alternative education, of which is beyond nature of services.</p> <p>In some cases teachers being upset that students are leaving for individual/group consultation.</p> <p>Teacher frustration with school administration/system gets in the way of attending to the students needs.</p>
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VII. Priorities for 2012-2013 School Year

Describe future goals and direction of your program (2012-2013 and beyond).

In the past two and one-half years, the Hume Center's school based program has developed and adjusted to the various challenges, both internal and external to the program. Internally, we first started with the original contract that had been equipped with many staff to provide services despite the contract costing us the first couple of years. A large part of this investment came

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with The Hume Center's mission and passion to provide prevention services to communities in the best possible ways. The Center's program leadership had the awareness that Mental Health Promotion and Prevention Services are new to both consumer community and the professional community. Extensive time and resources beyond the contract's funding was spent in orienting and training the program staff (employed staff and trainees) in learning effective prevention strategies. For cost efficiency, trainees were incorporated into providing the Prevention Student groups and Early Intervention Services to Students along with as needed Mental Health consultation. Many graduate students are not taught prevention approaches in their graduate schools and thus The Hume Center's trainers took on much of the responsibility of providing intensive training and preparation to the program's staff. Through the recent Tri-Valley expansion contract, we were able to adjust some of our major costs so that service level delivery could continue into this fiscal year while paying attention of how to gradually shift focus to more prevention approaches by Hume's Staff Psychologists being more involved in implementing consultation and/or professional development training forums.

Through this, the trainings that were provided internally to prepare the work of the trainees has developed to incorporate the various aspects that come up in the work such as relationships with schools and their heads to be in line with their vision and in the realm of looking at preventions that can affect school climate as a whole. The program is fairly small and could potentially have a bigger impact based on additional monetary resources in being able to hire more full time staff internally to do the work more consistently and at a more impactful level at the schools. Due to the limited resources we have explored and continue to modify how services can be delivered at a level of impact that takes into consideration the challenges that get in the way of doing the work. For example, school staff has reported to be hesitant to work with "interns" because of the yearly turnover. They get weary of having to build new relationships every year and this creates an obstacle to really begin to examine their own work at a deeper level and therefore maintain a view that "interns" are there for the students and it limits their openness to interact with the "intern" on more than a student need basis. In areas where employed staff has been used to delivering services such as providing the consultation with principals and staff at the group level there has been more participation and acceptance because there is an experience that they do not have to reconnect every year to someone new and the relationship can be ongoing. With this in mind we have begun to look at how internally we can match the services at the various levels to match the external structures in the schools. For example, at the Hume Center, the program coordinator meets with the district leader and heads of the schools at which we provide services. Furthermore, a staff psychologist will provide the consultation to staff. Therefore we are changing our staffing structure to be that the staff psychologist begins to meet with the principal to consult regarding his/her own work scope and also implement an effective mental health consultation program that can include staff development opportunities, individual and group consultation meetings. This allows for consistency in the work and working relationships with at Hume Center staff who will have more in depth understanding of the organizational intricacies.

In regards to student work, we are also renegotiating our role and services to more prevention practices. We are moving towards less individual interventions with the goal to provide more group forums for providing services in order to outreach to more students by trying to formulate

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groups that meet the needs of schools as they have been assessed through group interest forms. In addition, we are making movement towards incorporating our Interns' work as part of classroom forums. This will allow their mental health promotion and prevention work to be incorporated a part of the curriculum versus having it separated and it being a group during school hours. In the beginning of the development of the program, the groups were being run during rotating class periods, lunch time, or after school and in the past two years we have seen that lunch and after school hours are difficult for students for a variety of reasons. However, facilitating groups during rotating periods takes a student away from their academic responsibilities and although we encourage follow up regarding missed assignments, not all students do this. Therefore, we are attempting to organize groups during class periods to be related to their emotional development and relating it with the curriculum and trying to move the groups that enhance social development to after school hours. Note with limited monetary funding this is also a challenge to be able to provide the students with activities or supplies to engage them to full capacity. We've become really creative with our activities. Yet, without resources, participation tends to be for short periods of time when working with children.

Part of prevention is to provide support network during major transitions in a person's life. Accordingly, we are planning on doing groups around helping students in difficult transitions. For example, we are moving towards developing groups that assist 5th graders transitioning into 6th grade, or 8th graders transitioning to their freshman year of high school. These are critical periods for all students and there is data to show that these points are benchmarks for shifts in student performance and behavior. This may be for several reasons however being able to provide support during these transitions may help in the long run to reduce service needs. Along with these transitions, parents also need support. Therefore being able to provide groups to the caregivers of these students is also a simultaneous group we plan to run so that the transition is consistent between students and parents and both are supported through the process

We continue to partner with community agencies to provide services to students and we are looking at expanding the community resources we incorporate into the schools. For example, we have partnered with Hope Hospice and Crisis Support Services to bring groups around grief and loss or suicide prevention to the students in the different schools. We are looking to extend the resources to other organizations that maybe are able to assist schools in different capacities such as neighboring agencies that can open opportunities for community service hours to be gathered at their agencies or exhibit creative art made by students. By doing this we hope to build a sense of community belonging with the students. Our summer services for the upcoming year are focused on doing outreach in the community so that students have at their disposal different representatives of various career examples or more experience in fields they may consider as future career goals.

In regards to parent services we are expanding and shifting our outreach to the parents. We are trying to offer groups later in the evening to parents who work late and possibly considering weekend groups for parents who are more available on the weekends. We are looking at creating a workshop series for parents to attend that discusses their pressures to help their children achieve academically while considering the social and emotional components of academic

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success. We are currently able to provide these services in English and Spanish however with more resources we may be able to consider other linguistic needs in the districts we serve.

In closing, there are many different avenues for prevention interventions within the school environment. With limited resources, we have to begin to look at our internal resources to see what is feasible. In time of continued cuts, the future service expansion plans have to be scaled down. It is our plan to carry this out in ways that will not take away the program's mission and goal for positive impact. As the plan has been described above, we can only make this transition happen with school district leadership and school principals' active participation by having our assessment findings and where the most of impact of our services can occur given the limited resources and by partnering with our stakeholder parties (parents, students, community resource providers).

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